

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/460,174	12/10/99	455	2749	99-006

APPLICANT

WALTER WESLEY HOWE, ALPHARETTA, GA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

TSL  
None

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

TSL  
None

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

TSL  
None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/21/00

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	Examiner's Initials <u>19</u> Initials <u>19</u>	GA	2	16	4

ADDRESS

LEONARD C SUCHTA  
GTE SERVICE CORPORATION  
600 HIDDEN RIDGE HQE03G13  
IRING TX 75038

TITLE

USE OF LAND-BASED UNIT TO PROVIDE DELIVERY PATH OPTIMIZATION TO  
WIRELESS MOBILE UNIT

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$838		



Commissioner for Patents  
Washington, DC 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2106

<b>SERIAL NUMBER</b> 09/460,174	<b>FILING DATE</b> 12/10/1999 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2684	<b>ATTORNEY DOCKET NO.</b> 99-006	
<b>APPLICANTS</b> WALTER WESLEY HOWE, ALPHARETTA, GA;  <b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b>  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/21/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 32127					
<b>TITLE</b> USE OF LAND-BASED UNIT TO PROVIDE DELIVERY PATH OPTIMIZATION TO WIRELESS MOBILE UNIT					
<b>FILING FEE RECEIVED</b> 1384	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		